

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">09/831532</div>		FILING DATE					
						APPLICANT(S)							
<div style="display: flex; justify-content: space-between;"> A CLAIMS </div>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		1		1			52						
3		2		2			53						
4		0		2			54						
5		0		2			55						
6		0		2			56						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		/				TOTAL IND.						
TOTAL DEP.	8		3				TOTAL DEP.						
TOTAL CLAIMS	9		14				TOTAL CLAIMS						

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